

- a. A check in the amount of \$ _____ to cover the above fees is enclosed.
- b. Please charge my Deposit Account No. 20-1430 in the amount of \$10940.00 to cover the above fees. A duplicate copy of this sheet is enclosed.
- c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 20-1430. A duplicate copy of this sheet is enclosed.
- d. Fees are to be charged to a credit card. **WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

Kevin Bastian
TOWNSEND AND TOWNSEND AND CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834

SIGNATURE 
Kevin Bastian
 NAME
34.774
 REGISTRATION NUMBER

FEE VALUE AMOUNT/ABILITY	
DEPOSIT ACCOUNT NO.	
20	1430
FILE	VALUE
CODE	APPLIED
1614	600
1615	50

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U1 FEE317	130.00	DR
U2 FEE318	450.00	DR
U3 FEE319	6400.00	DR
U4 FEE320	330.00	DR

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U1 FEE314	600.00	DR
U2 FEE315	50.00	DR